

Schedule XVIII

APPLICATION FOR NEW LICENCE FOR SELL THERAPEUTIC GOODS BY WHOLESALE

For office use: _____ Reference No: _____

I/We,.....of.....
.....here by apply for a license to sell medicine by wholesale on premises situated
at.....

Name of the wholesale establishment:

Part 1

1. Information about the proposed location

1.1 Address

1.2 District

1.3 Divisional Secretariat

1.4 Medical Officer of Health (MOH) Division

1.5 Premises ready date for inspection

*This date should be at least 3 weeks before the intended opening date

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Part 2

2. Business information (Check the box applicable)

2.1 Type of business (Select the appropriate business type and continue)

(i) Sole owner (Proprietor) (ii) Partnership

(iii) Corporation (iv) Private Limited Company

2.2 Business Registration Certificate Number (If applicable)

2.3 Particulars of Owner/ Partnership/ Corporation/ Private Limited Company

(i) Name of the Owner/ Partnership/ Corporation/ Private Limited Company

(ii) Contact details:

Permanent Address	
Telephone No	
E-mail Address	

(iii) Name of Partners/ Directors (If Partnership/ Corporation/ Private Limited Company available)

01	
02	
03	
04	

*Nominated as correspondence partner should indicate first

* Please continue a separate sheet if necessary

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Part 3

3. Details of the applicant (This applies only to the applicant applying on behalf of Corporation/ Private Limited Company)

Name	
Designation	
Permanent address	
National Identity Card No	
Telephone No	
E-mail address	

For Office Use Only:

Inspection Date: _____
Remarks: _____

Approval for Location		
Committee Date: _____		
Remarks: _____		

Approved: <input type="checkbox"/>	Approved with conditions: <input type="checkbox"/>	Rejected: <input type="checkbox"/>

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Part 4

4. Information about the wholesale business

4.1 Registered services and activities

You are required to provide details of the type of activities undertaken or to be undertaken at the premises.

(i) Storage

Allocated area in square feet (ft²)

A) Total floor area: _____

a) Medicines: _____

b) Veterinary Products: _____

c) Medical Devices: _____

d) Borderline Products: _____

(ii) Distribution (direct)

(iii) Distribution through agents (distributors)

Name of distributor	Geographical area covered

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4.2 Details of the responsible pharmacist

Name	
Permanent address	
Sri Lanka Medical Council Registration No	
National Identity Card No	
Telephone No	
E-mail address	

Declaration

I, the undersigned, certify that all information in this application for license of a pharmacy to sell therapeutic goods by retail on the above mentioned premises is true and correct.

I understand that I have the responsibility to inform the Authority with immediate effect of any change to the information provided in this application.

.....
Date

.....
Signature of Applicant

For Office Use Only:

Inspection Date: _____
Remarks: _____

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Approval for Premises Registration		
Committee Date: _____		
Remarks: _____ _____		
Approved: <input type="checkbox"/>	Approved with conditions: <input type="checkbox"/>	Rejected: <input type="checkbox"/>

Important information

➤ **Registration process**

The registration of a pharmacy premises will take up to 6 months to process from the point that we receive a fully completed application is received to NMRA.

➤ **Names of Directors – Body Corporate**

If the NMRA does not hold a current list of Directors for the Body Corporate that is making the application, it will be required that a list of all Directors be submitted with this application.

➤ **Plans**

The plans you submit should:

- Identify the dimensions of the registered area (Please indicate area in ft²)
- Be drawn to scale.
- Identify the dimension of the dispensary (Please indicate area in ft²)
- Clearly show the internal layout showing the areas in which medicinal products are intended to be sold or supplied, assembled, prepared, dispensed or stored.
- Detail any other relevant information including access points.

➤ **Extensions or alterations**

If you intend to alter the registered pharmacy premises by making a change to the layout or a physical alteration to the structure of the registered premises, you are required to get advice from the NMRA for the planned change. Please submit one set of scaled plans. **A new premises application is not required.**

If the planned alterations extend into an entirely new building, or where the proposed extension does not coincide with a proportion of the registered area of the existing registered premises, then an **entirely new premises application is required.**

➤ **Death or bankruptcy**

Please contact the NMRA.

➤ **Registerable activities**

If you propose to wholesale, assemble or manufacture medicines and if it is likely that these activities could constitute more than an inconsiderable part of the business of the proposed registered pharmacy then you will be required to apply for the appropriate license at NMRA to cover these activities.